PTO/SB/05 (12-01)
Approved for use through 7/31/2008, OMB 0651-0032
U.S. Patient and Tradement Office; U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875										107570220			
APPLICATION AS FILED - PART! (Column 1) (Column 2) SMALL ENTITY									ENTITY	OR	OTHER THAN SMALL ENTITY		
FOR			MUMBER FILED		KUMBI	NUMBER EXTRA		RATE (I)	FEE (1)	1	RATE (8)	FEE (8)	
BASIC FEE ST CFR 1.18(0), (b), or (ci)		n .					]					300	
SEARCH FEE (37 CFR 1.1600, (3), or (nd)		0										400	
EXAMENATION FEE (IT OFR LIGHT, by), or (q))		97)					]					200	
TOTAL CLAMS (27 CFR 1.18(1))			9	minus 2			]	х -		OR	х -		
INDEPENDENT CLAIMS (37 CFR 1.16(N))		SUS	- 1	minus 3			]	х =			x ·		
APPLICATION SIZE FEE (37 CFR 1.16(s))			If the specification and drawings exceed sheets of paper, the application size fee to \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.18(			tze fee due each ereof. See							
MULTIPLE DEPENDENT CLASM PRESENT (27 CFR 1.16(1))													
"If the difference in column I is less than zero, enter 'O' in column 2.								TOTAL		<b> </b>	TOTAL		
AMENDMENT A	Total or own Links before the state of the s	CLU REMA AF AMEN	TER 1:	Mirus Mirus ((a))	(Column 2) HOHEST NUMBER PREVIOUSLY PAID FOR	(Column 8) PRESENT EXTRA		RATE (B)	ADOI- TRONAL FEE (8)	OR OR OR	OTHER SMALL		
								ADD'L FEE	<u> </u>	OR	TOTAL ADO'L FEE		
<u> </u>	<del></del>	(Colo	mn 1)		(Column 2) HiGHEST	(Column 3)	7			1			
MENTB		RENU	UNING TER DMENT		MUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (S)	ADDI- TIONAL FEE (8)		RATE (8)	ADDI- TIONAL FEE (5)	
	Total grane Ling			Minus	-	•		х -		OR	X a		
AMENDM	independent prora usepa			Minus	•••	-		Х -		OR	X e		
1	Application Size Fee (37 CFR 1.16(s))						7			1			
	FRIST PRESENTATION OF MALTURE DEPENDENT CLAIM (37 O'R 1,180))							L		OR	L.,		
	•	*						ADD'L FEE		OR	TOTAL ADD'L FEE		
	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.     If the "Highest Number-Previously Peid For" IN THIS SPACE is less than 20, enter "20",     If the "Highest Number Previously Peid For" IN THIS SPACE is less than 3, enter "7".												

The highest Number Previously Paid For' (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or result a bunefit by the public which is to file (and by the USPTO to process) an application. Confiderability is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to compete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the encount of time you require to complete this form antitor suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need easistance in completing the form, call 1-800-PTO-9199 and select option 2.